City of San Jose
Group# 975567, 975571
Custom PPO℠ Plans

Select Tier Outpatient Prescription Drug Coverage
(For groups of 300 and above)

Blue Shield of California

Highlight: 5-Tier/Incentive Formulary
            No Calendar-Year Brand-Name Drug Deductible
Retail Pharmacy
            $0 Select Generic/$5 Select Brand-Name/$5 Generic/$10 Formulary Brand-Name Drugs/$25 Non-Formulary
             Brand-Name
Mail Service
            $0 Select Generic/$10 Select Brand-Name/$10 Generic/$20 Formulary Brand-Name Drugs /$50 Non-Formulary
             Brand-Name

Effective January 1, 2011

Covered Services	Member Copayment	
DEUCTIBLES (Prescription drug coverage benefits are not subject to the medical plan deductible.)		
Calendar-year brand-name drug deductible	None	
PRESCRIPTION DRUG COVERAGE[1, 2, 3, 4, 5, 6] (Includes oral contraceptives, diaphragms, and covered diabetic drugs and testing supplies)	**Participating Pharmacy**	**Non-Participating Pharmacy** Member pays 25% of allowable amount plus a copayment of:
Retail prescriptions (For up to a 30-day supply)		
• Select generic drugs[6]	$0 per prescription	$0 per prescription
• Select brand -name drugs[6]	$5 per prescription	$5 per prescription
• Generic drugs	$5 per prescription	$5 per prescription
• Formulary brand-name drugs	$10 per prescription	$10 per prescription
• Non-formulary brand name drugs	$25 per prescription	$25 per prescription
Mail service prescriptions (For up to a 90-day supply)		
• Select generic drugs[6]	$0 per prescription	Not covered
• Select brand –name drugs[6]	$10 per prescription	Not covered
• Generic drugs	$10 per prescription	Not covered
• Formulary brand- name drugs	$20 per prescription	Not covered
• Non-formulary brand- name drugs	$50 per prescription	Not covered
Specialty Pharmacies		
• Specialty drugs	10%	Not covered

1 Copayments and charges for these covered services are not included in the calculation of the member's medical calendar-year copayment maximum and continue to be the member's responsibility after the calendar-year copayment maximum is reached. Please refer to the Evidence of Coverage and the Plan Contract for exact terms and conditions of coverage. Please note that if you switch from another plan, your prescription drug deductible credit from the previous plan during the calendar year, if applicable, will not carry forward to the new plan.
2 If the member requests a brand-name drug and a generic drug equivalent is available, the member is responsible for paying the difference between the cost to Blue Shield of California of the brand-name drug and its generic drug equivalent, as well as the applicable generic drug copayment.
3 Specialty drugs are covered only when dispensed by select pharmacies in the Specialty Pharmacy Network unless Medically Necessary for a covered emergency.
4 Selected formulary and non-formulary drugs require prior authorization for Medical Necessity, and when effective, lower cost alternatives are available.
5 Specialty Drugs are specific Drugs used to treat complex or chronic conditions which usually require close monitoring such as multiple sclerosis, hepatitis, rheumatoid arthritis, cancers, and other conditions that are difficult to treat with traditional therapies. Specialty Drugs are listed in the Blue Shield Outpatient Drug Formulary. Specialty Drugs may be self-administered in the home by injection by the patient or family member (subcutaneously or intramuscularly), by inhalation, orally or topically. Infused or Intravenous (IV) medications are not included as Specialty Drugs. These Drugs may also require special handling, special manufacturing processes, and may have limited prescribing or limited pharmacy availability. Specialty Drugs must be considered safe for self-administration by Blue Shield's Pharmacy & Therapeutics Committee, be obtained from a Blue Shield Specialty Pharmacy and may require prior authorization for Medical Necessity by Blue Shield.
6 Select drugs for the treatment of asthma and diabetes. For additional details, please refer to the printed formulary (under Respiratory, asthma inhalants, asthma orals, Endocrine or diabetes) and the EOC & D Booklet. This benefit does not apply to Medicare members enrolled in the Part D drug plan.

blue of california

blueshieldca.com

Note: This plan's prescription drug coverage is on average equivalent to or better than the standard benefit set by the federal government for Medicare Part D (also called "creditable" coverage). Since this plan's prescription drug coverage is creditable, you do not have to enroll in Medicare Part D while you maintain this coverage; however, you should be aware that if you have a subsequent break in this coverage of 63 days or more before enrolling in Medicare Part D you could be subject to payment of higher Part D premiums.

Important Prescription Drug Information

You can find details about your drug coverage three ways:
1. Check your *Evidence of Coverage.*
2. Go to **blueshieldca.com** and log onto My Health Plan from the home page.
3. Call Member Services at the number listed on your Blue Shield member ID card.

At Blue Shield of California, we're dedicated to providing you with valuable resources for managing your drug coverage. Go online to the *Pharmacy* section of **blueshieldca.com** and select the *Drug Database and Formulary* to access a variety of useful drug information that can affect your out-of-pocket expenses, such as:

- Look up drugs with generic equivalents;
- Look up drugs that require prior authorization;
- Find specifics about your prescription copayments;
- Find local network pharmacies to fill your prescriptions.

TIPS!
Using the convenient mail service pharmacy can save you time and money. If you take a consistent dose of a covered maintenance drug for a chronic condition, such as diabetes or high blood pressure, you can receive up to a 90-day supply through the mail service pharmacy with a reduced copayment. Call the mail service pharmacy at (866) 346-7200. Members using TTY equipment can call TTY/TDD 866-346-7197.

Plan designs may be modified to ensure compliance with state and federal requirements.

A16154-d (10/10) RO 093110